

Have Another Bite!

By

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Imagine what it would be like to have a terrible pain in a tooth . . . and there is no tooth where the pain is felt! Or if there was a tooth at the site of the pain and no one could find the cause and even a root canal procedure provided no relief.

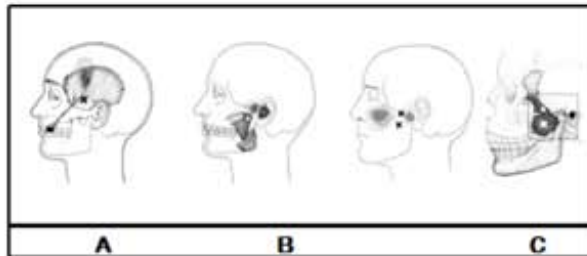
Such was the case for Katie, an avid sports enthusiast. At a recent national meet, the distraction of her pain was so great she came in third even though her practice times showed that she should have netted a gold medal.

Life at home and at work was also affected. The constant pain left her so distracted that she kept locking her keys in her car or misplacing her purse. Her forgetfulness became so bad, she was embarrassed to call her husband one more time to have him bring the spare keys.

When her dentist suggested extraction, she had high hopes and agreed. Weeks after the procedure, the pain persisted. Was it all in her head?

On the advice of a friend, Katie came to MyoRehab for a consultation. During her visit we learned that this pain began about a year earlier following a routine visit to the dentist for a cleaning. She said the pain was not constant then but became worse and more persistent over time.

A brief examination of Katie's mouth opening showed a restriction of about two centimeters



less than average. There are two muscles most often responsible for this but more importantly, one of these will prevent the other from stretching to its normal resting length. This inhibition of the stretch will cause Myofascial Trigger Points to become established.

A Myofascial Trigger Point is a hypersensitive spot in a muscle that

when stimulated, usually produces pain referred in a predictable pattern away from the Trigger Point. Trigger Points in the temporalis muscle are notorious for causing both headache and tooth pain, even when there is no tooth! (Illustration A)

A schedule for treatment was set up and on her very next visit Katie noticed a significant decrease in her painful tooth. Treating just the temporalis will relieve the pain, but not for long. The masseter is a strong muscle responsible for closing the jaw. It has two divisions, superficial and deep.

The deep division of this muscle (Illustration B) must be able to stretch if the temporalis is to be allowed to return to its normal resting length. Trigger Points keep muscles contracted. Not even muscle relaxers will affect them.

Trigger Points in the deep division of this muscle will also produce pain in the ear. When we shared this with Katie, she said the pain in her tooth was so pervasive, she was ignoring what she thought was a "low level earache".

With the obvious muscles identified and successfully treated, we reexamined Katie's bite on her next visit. The zigzag nature of her jaw while opening told us that even though her pain was completely resolved, there was another muscle "hidden" deep in the face that would eventually reestablish the Trigger Points first in the deep masseter, and then in the temporalis.

The pterygoid muscle group (Illustration C) is often responsible for what is often mistaken for sinus pain. Deep in the face, they play an important roll. Even a minor imbalance here can cause TMJD (Temporomandibular Joint Dysfunction).

With these and other contributing muscles successfully treated, a specific home exercise program gave Katie what she called, "another bite"

Are you unable to take another bite? Would you like to have another bite? [Give us a call at MyoRehab.](#)